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U.C. at 100: New skills, new goals

It has been 126 years since Dr. Crawford Long of Georgia first used anesthetic. The history of surgery has been written in rapid strokes ever since. In 1968 — the Centennial Year — there will probably be 300 open heart operations performed at UC Medical Center in San Francisco, where the first series of such surgeries took place a dozen years ago.

YESTERDAY

Just sand dunes, scrub brush . . .

When this photograph was taken in August of 1895, the site of what was to grow into the University of California Medical Center in San Francisco was nothing but lonely sand dunes, scrub brush and stands of sturdy eucalyptus trees.

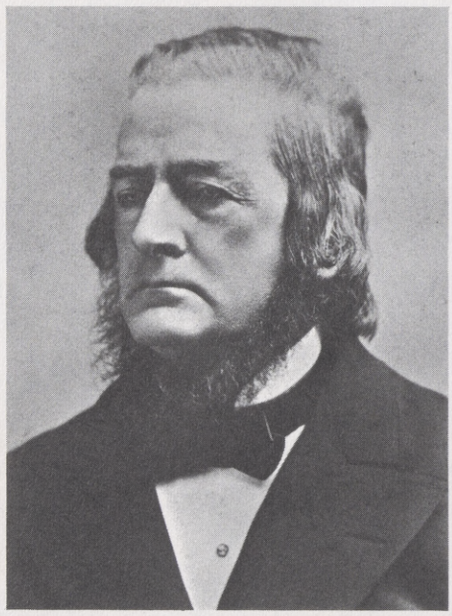
On Nov. 15, 1864, General William Tecumseh Sherman set a torch to Atlanta and began his march to the sea.

Ten days earlier across the continent, another man with another mission lit a different kind of torch. He was Dr. Hugh Huger Toland, a circuit riding physician from South Carolina who had trained with the finest surgeons of France and who came to the Golden West with a vision.

On Nov. 5, 1864, he founded Toland Medical College on Stockton Street in San Francisco. There were 10 faculty members and eight students. It was the second medical college in California and was to become the oldest in continuous service.

Less than a decade later, it was deeded to the University of California and as the Medical Department became the University's first affiliate.

Medicine as it was practiced in unbridled and frolicksome San Francisco in the post-Gold Rush era combined facts plus fiction. For instance, the remedy for scurvy was: "Bury the patient in the earth, all but the head."



Dr. Hugh Toland
Medical college founder

This was not Dr. Hugh Toland's kind of medicine. He acquired a reputation as a prominent physician and surgeon with special skills in bone surgery and plastic facial operations.

And his business prudence matched his medical wisdom. He operated a pharmaceutical mail service and in 15 years filled more than half a million prescriptions.

This comfortable income helped found Toland Medical College, where early-day students would yet learn of the discovery of X-rays by Wilhelm Konrad (1895) and the discovery of radium by the Pierre Curies (1898).

If Toland Medical College graduates were awed by these achievements of science abroad, they would have been proud had they known that at home their modest college was to be the forerunner of a great medical center affiliated with the world's largest university. And one that would produce an educational philosophy described by former Chancellor John B. de C. M. Saunders as making "the doctor of tomorrow . . . part scientist, part clinician, part humanist and in the fullest possible measure."

Today is the mirror of tomorrow at the University of California Medical Center in San Francisco.

Bulldozers growl a welcome to new buildings rising steeply beside towering Mount Sutro. Next to come: a school of nursing, a new clinics

(continued on page 3)

YESTERDAY

. . . and trees for a beginning

If Dr. Hugh Toland's fortune and fortitude started the fledgling medical college on its way, it was up to another physician to speed it along.

Dr. Richard Beverly Cole, a San Francisco doctor, became the dean of the Toland faculty in 1870. It was not long before:

- He negotiated between Dr. Toland and the university for deeding of the college as a medical department of University of California in 1873.
- He persuaded San Francisco Mayor Adolph Sutro to donate to the university the 26 acres of land where the medical center now stands.
- He supported passage of a state appropriation to set up the schools of medicine, pharmacy (1873), dentistry (1882) and law.

In the San Francisco of the 1890's, the sand dunes and steep hills of the Sutro site were regarded by many doctors and students as one step this side of Siberia. Rabbits scurried about the brush; transportation was unsatisfactory; offices where physicians practiced were miles away in the city. All grumbling aside, in 1898 the still uncompleted Affiliated Colleges were occupied by the university's new Medical Department. Buildings sat on the Parnassus "shelf" where the steep 70-foot rise between Irving and Parnassus leveled off.

Dr. Richard B. Cole
A driving force

This rise proved to be a bridge between community and medical school — one which has flourished ever since. It came about when medical classes were moved to the Berkeley campus after the 1906 fire to permit the old medical school building to serve as a makeshift hospital. The School of Nursing opened in 1909.

What was "temporary and makeshift" in 1906 endured until 1917 when the University Hospital was built by private subscription. The clinics building was finished 16 years later.

Added still later: Langley Porter Neuropsychiatric Institute, Moffitt Hospital, Medical Sciences Building.

And finally: After more than half a century, the medical student body returned to San Francisco in 1958, in time to hail the largest graduating class in medical school history.

JUST SAND DUNES . . . (from page 2)

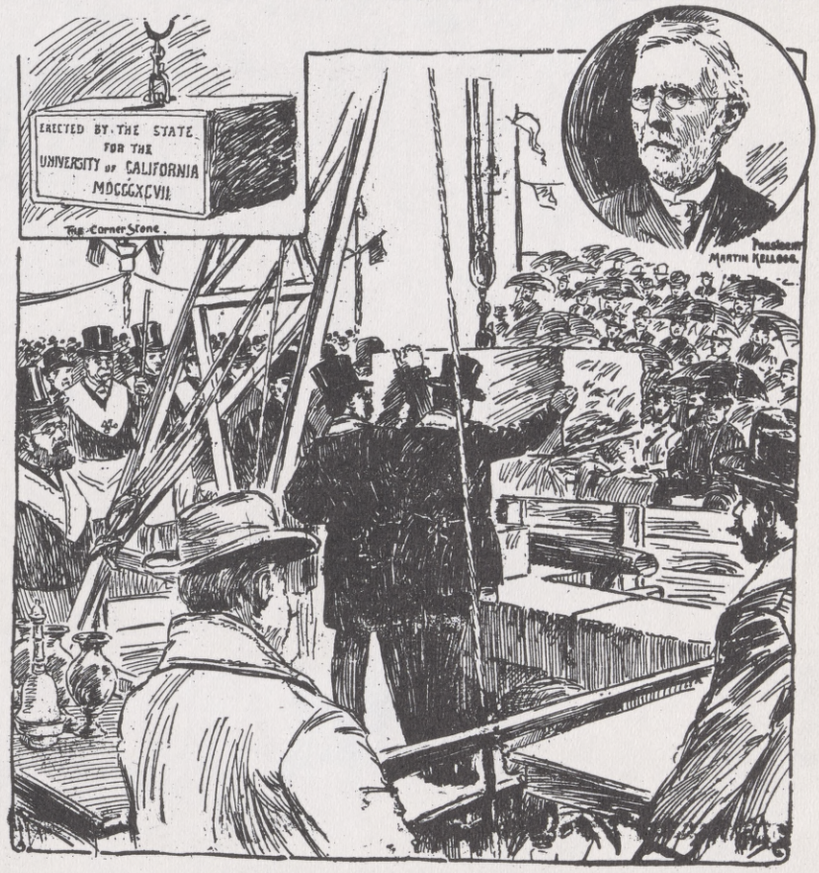
building. After that: a school of health sciences, a new Langley Porter Neuropsychiatric Institute, an administration building, new dentistry school.

But far more important than cement and steel to the future of a nation that will need 108,000 physicians and thousands more nurses, dentists and technicians by 1975 are the students themselves.

There will be 5600 students on the UC Medical Center campus here by 1980 and 7500 by 1990. Along with the student population explosion will come a long-overdue overhaul in medical education.

Stories about a new approach to curricula, about students today and a chancellor's reminiscences of yesterday are included in this centennial issue of UC Medical Center News.

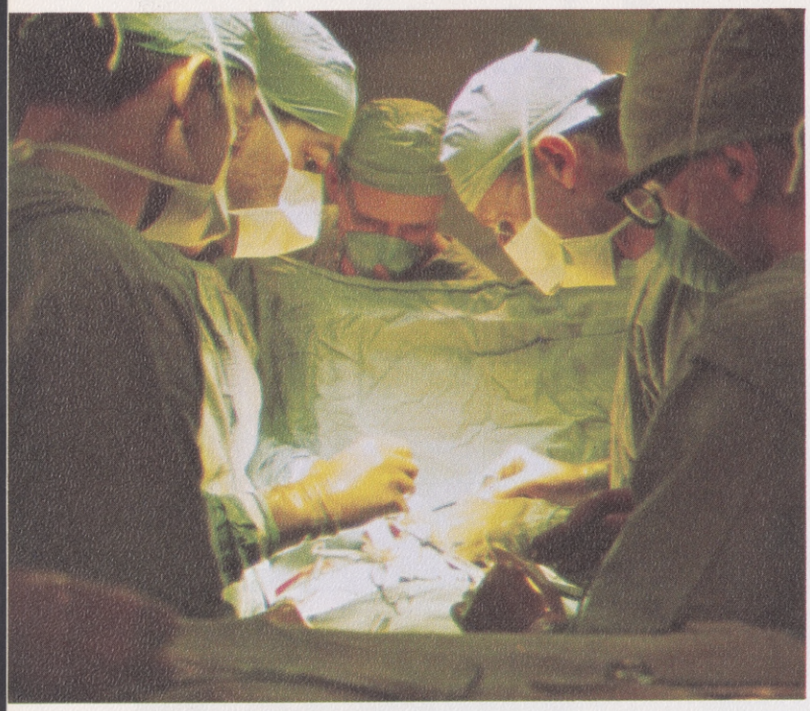
SOLID FOUNDATION FOR PROFESSIONAL EDUCATION



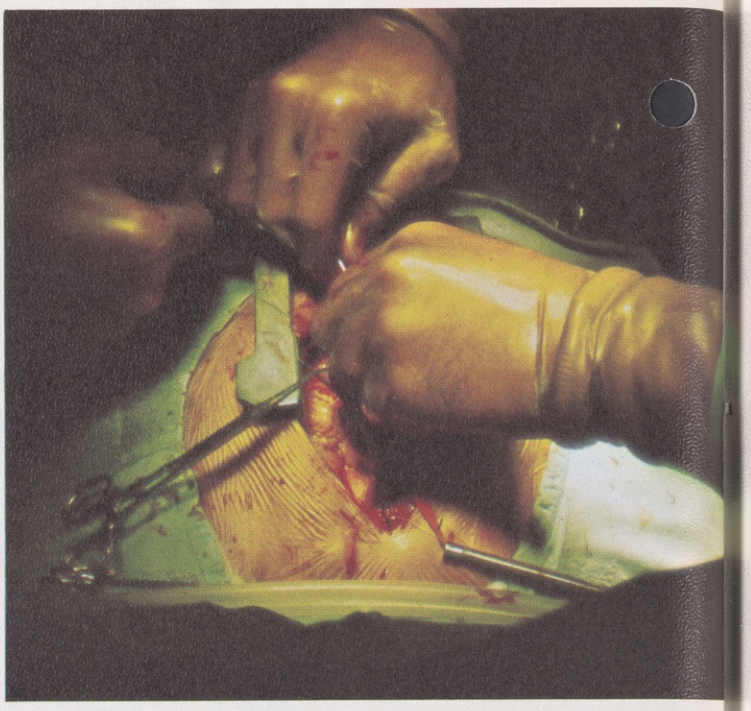
Laying the Corner Stone of the Affiliated Colleges.

Martin Kellogg was University of California president when The San Francisco Examiner printed this cartoon.

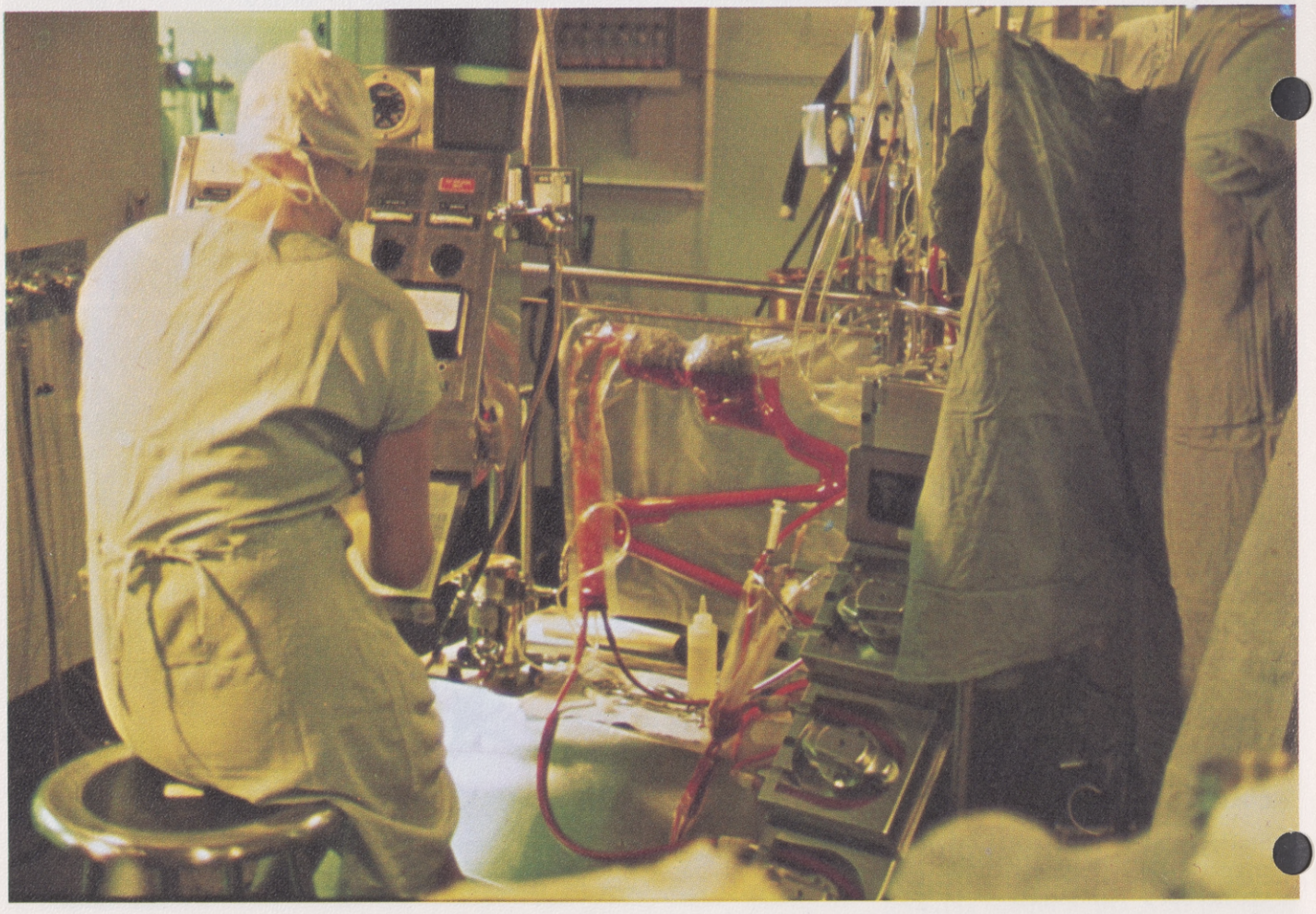
Surgery: an awesome tool



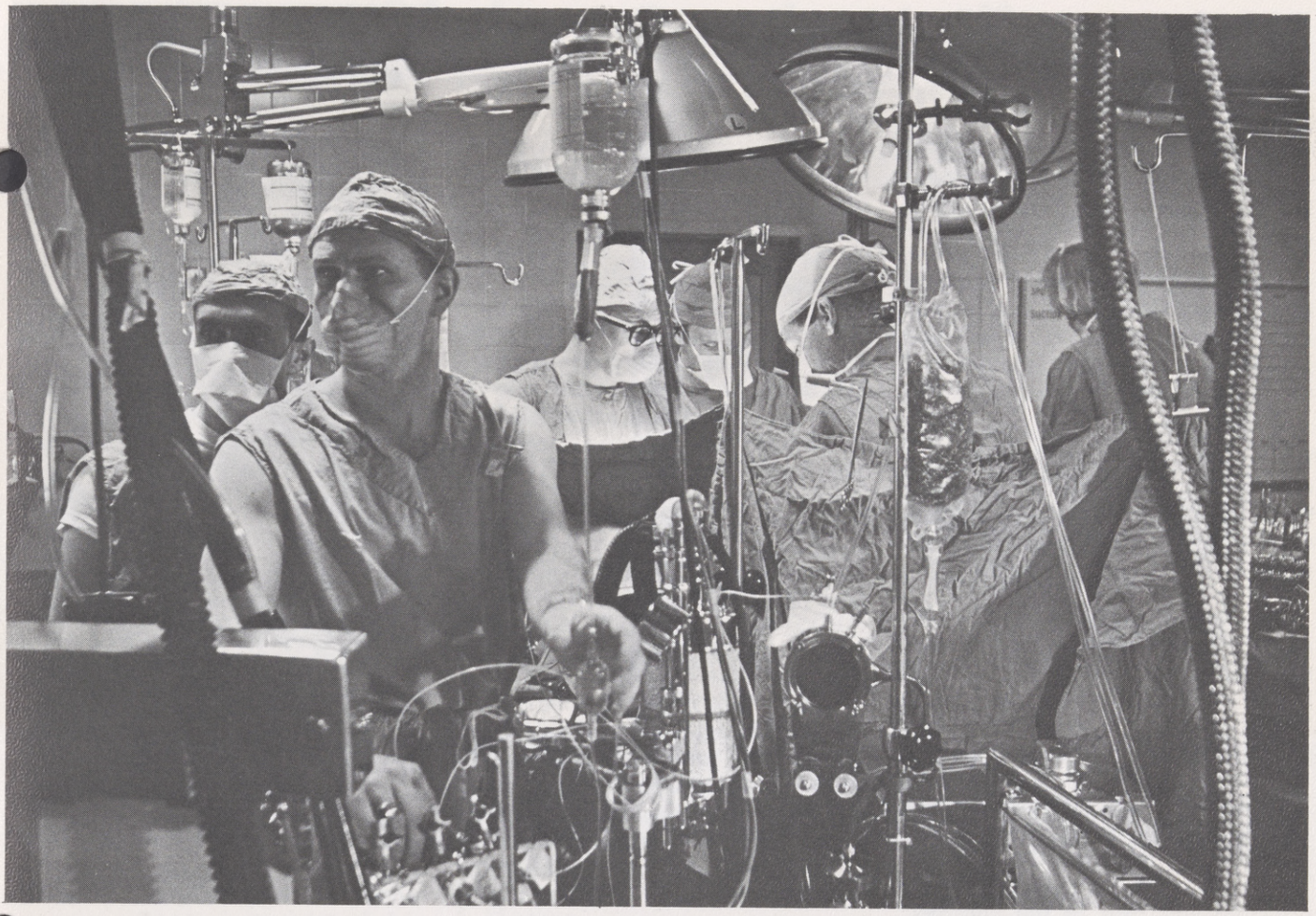
In early days, physicians at UC Medical Center operated in coats, starched collars, ties. Today, comfort's the rule.



Heart disease deaths dropped 5 percent from 1955-65. Open heart surgery has been performed at UC here since 1956.



Artificial plasma primes heart lung machine at UC Hospitals, above, and reduces amounts of whole blood required for surgery.



an operating arena, physicians, anesthetists, nurses and a maze of equipment work with incredible smoothness and with skill.

Open heart surgery is 'past the frontier'

Like San Francisco – and its University of California Medical Center – open heart surgery is well past the frontier stage of its development.

This is the opinion of an authority in the field. He is Dr. Benson Roe, who performed the first open heart surgery on the Pacific Coast and is now chief of thoracic and cardiac surgery at UC Hospitals.

Dr. Roe forecasts no dazzling or dramatic discoveries in the area of open heart surgery in the near future. Instead, he suggests that advances will consist of "improvement and perfection of existing techniques and in the mastery of problems of coronary heart disease."

"There will be some form of heart transplant," he predicts. "But whether it will employ an artificial heart or a direct heart transplant remains to be seen.

"Important new advances are being made regularly in open heart surgery, of course. But from now on, it seems to me that advances will be based on existing knowledge and techniques."

Startling advances have indeed been made in open heart surgery in little more than a decade.

On a world scale, 45,000 artificial valves have been inserted in patients through open heart surgical procedures.

The first series of open heart operations at University of California Hospitals took place in 1956.

"And today, we have an active and busy program of open heart surgery with performances and results second to none," says Dr. Roe.

There are 200 to 300 cases of open heart surgery a year at UC. About half are adults, half infants. Adults' problems center mainly on repair of damaged valves or replacement of valves.

The surgeon is also proud of these UC "firsts":

• First coronary flow studies on a conscious exercising animal to determine effects of drugs on heart valve conditions. This was done in a UC laboratory in 1965.

• In 1961, the first disposable bubble oxygenator was used in a clinical series. Out of this, as a separate but associated development, came the use of artificial plasma. This is a solution without cells which may be substited for blood as a primer in the heart-lung machine.

The result of this is better delivery of oxygen to the tissues and reduction to a relatively small amount of whole blood required for open heart surgery – about four or five units at UC open heart operations compared with 14 to 16 units at hospitals where this technique is not in use.

In addition to Dr. Roe, two other UC faculty members perform open heart surgery. They are Dr. L. Henry Edmunds and Dr. Noel Fishman, who was trained by Dr. Roe.

Students—the big change in half a century at UC

"Today's student is interested in the world around him. He's an activist. He needs stimulation in his career.

"One of the problems of all health professions is that they haven't kept up. Curricula aren't challenging. Neither are careers. It can get dull filling teeth eight hours a day."

This comment is clear proof that there's nothing up-tight about Willard C. Fleming, chancellor of University of California San Francisco Medical Center, holder of three honorary degrees and a 50-year-on-campus man.

An emeritus professor of 68 whose biography and publications list runs nine mimeographed pages, he still beams about "a dilly of a revolution I helped start as a student in Dentistry School."

That was when Willard Fleming and 12 colleagues led a successful anti-cheating crusade in the early 20's. "It was cheat to survive or stand on principle and turn in the cheaters," says the former Dean of Students.

With cheating cut down and the caliber of students higher as a result, young people in the 30's weren't swallowing the kind of comment Dr. Fleming remembers from a fellow faculty member: "The student has no rights and damn few privileges."

Dentistry and pharmacy were taught in center building 32 years ago.

"And the teaching was lousy then, too. So the students started a revolt that spread to alumni. That was when I was made assistant dean — to pour oil on troubled waters," Dr. Fleming reported with a wry smile.

Three decades ago there was something to rebel against, Dr. Fleming indicates. Equipment was poor. In 1938, the school was advertising for students — and accepting some with a below-C average.

Despite new buildings, improved equipment and better teaching methods, the greatest change Fleming has seen in half a century at the university has been in students themselves. "They have improved," he says flatly.

"Most students in my class were not professional material. The instructors were not professional caliber. The essence of education was clinical. We memorized courses, and I suspect lectures were prepared on the backs of envelopes while riding the Number 6 street car."

One factor that improved student caliber was the requirement for two years of college before entering dental school. "Then you could weed out the lazy and the dull. We get 550 applications a year in dental school now and accept 75. Medical school gets 1000 and accepts 128."

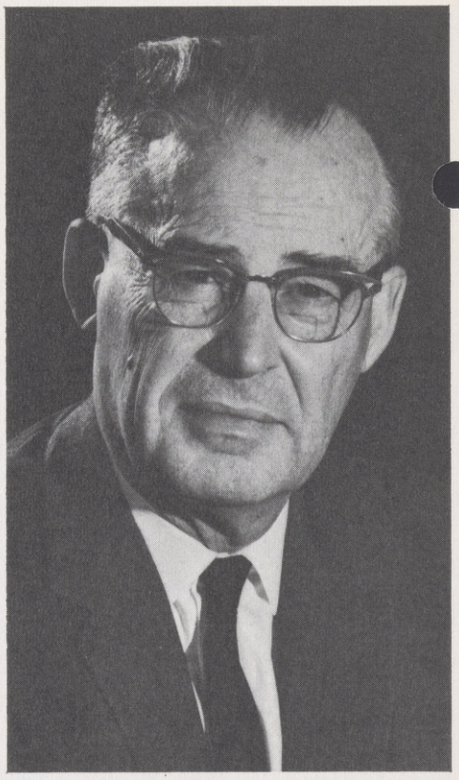
Dr. Fleming still believes the Medical Center is "a collection of schools and not a campus—that development is still ahead of us."

"When I was a student, it was the same," he concedes. "I didn't know medical or pharmacy students. I knew nursing school students because I dated them. We actually kept doors LOCKED between pharmacy and dental schools in the same building."

That attitude has changed, of course. And there have been other changes in 50 years.

"When I was a student, there was a 25 percent flunk rate. Today, it's 2 to 3 percent in all schools here."

Why? "Because we threw out the personal interview, stopped asking for letters of recommendation and photographs. Now, we ask for a high grade



Chancellor Willard Fleming
Fifty years on the campus

point average, a high score in a digital test developed here at the medical center and a good score in the standard dental aptitude test."

But as important as high scores in the long haul, Chancellor Fleming believes, is motivation. "The number one factor. You have to want to be a dentist so much your teeth hurt."

What led Dr. Fleming into a medical career? "My father, but he did not force me. He was an individualist. We used to walk by the doctor's office in our home town of Sausalito, and my father used to say 'Willard, there's a fellow who's his own boss.'

"Later on, when my family lost our Sausalito home because of financial setbacks, who bought it? The same doctor."

"Here's how I really got started," says Chancellor Fleming, who has one daughter and two grandchildren and is married to the former Carlotta Heid.

"I got a summer job with Shell Oil and saved enough working 15 hours a day seven days a week for the first year of dental school. 'God will provide the rest' I told myself.

"And He did. We worked it out together."

How Giving Combats Illness

One of the most treasured blessings, good health, cannot be given by one to another, yet many have given of their talents and their wealth to help the UC Medical Center in its struggle against illness.

Over the years, private gifts have made possible or improved countless programs in every phase of the training, patient care, and research programs at the Medical Center.

On this page are listed the names of those who have contributed and the names of those who have been memorialized or honored by their gifts. Space limitations will not permit acknowledging gifts of less than $5.

Among major gifts in February, the last month totaled:

William W. Anderson, M.D.; The American Board of Orthodontics, Dr. Taylor Ashbury; the Edwin Berls; John D. Berl, Berl Trust Fund: Mr. and Mrs. Warren H. Berl.

Bristol Laboratories: Glenwood Laboratories, Inc., of America; Mrs. Garrett Goldberg; Herbert A. Goldman; Mr. and Mrs. Donald S. Green; Mr. and Mrs. Lloyd D. Hanford; The Hearst Foundation; Hewlett-Packard, Loveland Division; Hoffman-La Roche Inc.; Mrs. William Irving; Eli Lilly and Co.; Merck & Co.; 3 M Company.

Dr. K. Lyle Moore; Native Sons of the Golden West Charitable Foundation; Sacramento Medical Assistants Assn.; Russell Sage Foundation; G. D. Searle & Co.; Mr. and Mrs. Leon Sloss; Mrs. Virginia G. Sloss; Dr. J. Garland Stroup.

Struthers Scientific & International Corp.; Evelyn Thomas; Dan Tuttle; VioBin Corp.; The Edward H. Angle Society of Orthodontia.

Contributions in Memory of:

Josephine Bain; Dr. Dickson G. Bell; David Bissinger; Clarence Bonham; Mrs. Rita Braunstein; Edward S. Brown; Eugene Callaghan; Miss Margaret Corey; Georgia Curran; Pearl Davidson.

Gail Davis; William O. Deamer; Mr. Stanley Green; Dr. Ivan Heron; Edmund Horner; Mr. and Mrs. Bruno Kaufuer; William J. Kerr; Patrick A. Kilroy; Dr. B. C. Ledyard Sr.; Dino P. Malerli; Mrs. E. E. Mitchell; Ernest J. Mortson.

Mr. Harold McNaughton; Mr. C. Clayton Reed; LaVonne Rosenthal's Mother; Dr. William S. Smith; John F. Swanson; Mr. Tarantino; Mrs. John P. Vukasin; Margaret Dee Walters; Dr. Wendell L. Wylie.

Other gifts:

Dorothy and Jack Birch; Mr. Isador Bernstein; Lee and June Bolton; Mrs. Ann Bosio; Mr. and Mrs. Robert Bostock; Mr. and Mrs. Maurice Cooney; Mr. and Mrs. Madison Cooper.

Mrs. W. A. Court; Mr. and Mrs. Roy Schiller; Mr. and Mrs. Ettore Cresci; Mrs. Anna Ruth Cunningham; Mr. and Mrs. Robert Davis; Mrs. John DeHar and children; Mrs. William H. Dent; Mrs. Marion Dill; Mr. and Mrs. J. M. Eardley; Dr. Lobdell Exline.

Dr. Oscar L. Frick; Mr. and Mrs. Arnold Garcia; Mrs. Isabel Garcia; Mr. and Mrs. Robert Glynn; Dr. Helen Gofman; Dr. Melvin M. Grumbach; Louise Hanford, Mr. and Mrs. Earl E. Hansen; Mr. and Mrs. George Harrington.

John J. Hutchings, M.D.; Junior Assembly Friends; William Kuyasu, M.D.; Mrs. D. E. Ladarre; Carol and Richard Leland; Mr. and Mrs. Howard L. Lewin; Dr. Thomas E. Lewis.

Donations Do Big Job

What can gifts large and small add up to at UC Medical Center?

A memorial fund has been established to help needy patients who must have kidney transplants. More than 98 transplants have been completed at UC Medical Center.

Donations from individuals and from manufacturers of dental supplies and equipment have made possible the construction of three portable units.

These clinics on wheels enable properly supervised volunteer students to provide dental care to patients in remote areas of California. Thousands of children have received dental care for the first time as a result of the mobile clinic trips.

Students find time to contribute services in other ways, too. One group, in co-operation with the Dean of Students, will provide tutoring services to high school students interested in health professions and vocations.

A program of financial aid will be sought for this venture to assure completion of long and costly training periods for young people entering the health professions.

Dietrich show Will benefit Auxiliary fund

Coincidence plays strange games. After Mrs. John Kornfeld was a patient at UC Hospitals last December, she came home to Mill Valley with high praise for the attention and treatment she had received.

Three months later, her husband found himself associated with UC in another capacity. As an impresario, he offered the opening night of "An Evening With Marlene Dietrich" to University of California Hospitals Auxiliary for its 1968 fund-raiser.

The San Francisco premiere of the show will be May 22 at 9 p.m. at the Masonic Temple, 1111 California St.

The Kornfelds feel they have a personal interest stake in the success of the first-nighter. Proceeds will provide the amenities—all the extras—for patients young and old at UC Hospitals, to which Anita Kornfeld was so grateful.

An allotment of 750 seats has been made available to the auxiliary for ticket sales. Prices range from $25 for a sponsor seat to $12.50 for regular tickets. The sponsor seat reservations must be made by May 14, according to Mrs. Frank Fries, chairman of the UC Hospitals Auxiliary event.

Marlene Dietrich
Premiere for a good cause

TODAY

Graduation is only the first step

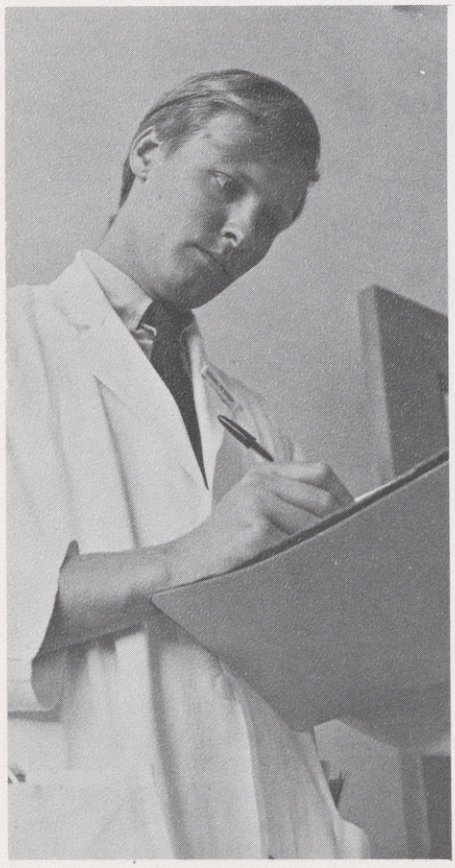
Michael Peterson is a member—and president—of the graduating class of 1968 at University of California's Medical School.

To lanky, sandy-haired Mike Peterson, it is more transition than "graduation." Here's the way his career goals add up in years:

Four in undergraduate work (he attended Stanford); four in medical school; a year's internship at University of Washington; three or four years of specialization; two or three years' research. Total: 14 years at a minimum, 16 at a maximum.

His goal is practice and teaching. And his education won't end in 14 or 16—or even 26—years, not if he's serious about keeping up with the galloping pace of his profession. He says:

"Doctors who were graduated 25 years ago finished their medical education 25 years ago. That was the end of it. A few physicians read journals or made efforts to continue updating their medical knowledge.



Michael Peterson
An M.D. doesn't end it

"Today, the emphasis is on reading journals, going on with one's education. There are all kinds of ways to do this. Going to postgraduate seminars is made easy by the universities. And you can listen to a stereo tape review of a journal article while you're driving your car."

It isn't only the continuing education emphasis that's new, as far as physicians are concerned. Peterson, the son of a Stockton gynecologist, points out:

"For the first time in history, medical students are demanding and getting a say in planning their education. This started at UC and Harvard. We want to judge what is good or bad teaching and say so."

Two years ago at UC Medical Center, students were admitted as official members of the Academic Curriculum Committee. The group meets monthly, and representatives from each class attend. "And they are listened to," Peterson maintains.

Out of this ferment of student-faculty realignment have come teaching changes. For instance:

"When my class took first and second years, we were learning the same things the same way my father learned them. On the first day in a class, you confronted a cadaver. That was silly.

"Now, you begin with the study of the cell, work your way up to the organic system and then to a practical application of dissection."

Also new: lectures on the computer and its application to medicine. The class of 1968 was the first to hear a faculty member assess the future prospects in this field.

As the philosophy of medical education changes, so does the degree of political activism and awareness among students. Peterson says his class is considered "conservative by the freshmen."

Yet the class of 1968 has a record of "involvement" that would have rocked members of the class of '38 or even '48. Some of its members helped organize and staff clinics in the city's hard core poverty areas and in Delano for migrant workers.

Some helped set up the Haight-Ashbury clinic for hippies hooked on drugs or suffering from emotional or nutritional ills.

Many class members did not hesitate to sign a pledge of opposition to the Vietnam war a year ago. Altogether, 200 names were collected from medical students at UC and Stanford. Today, there are 480 names on the list. And there was no faculty recrimination or criticism because of this stand.

Medical students are not only speaking out in favor of their political principles, but they appear to be speaking out in favor of earlier marriages. About 65 percent of the graduating class members are married, according to Peterson—who isn't. "This could never have happened 25 years ago," he adds.

A brighter economic picture for students has made matrimony possible. Federal and university loans are available on a long-term repayment basis.

"House staff wages are higher," Peterson estimates. "The rate is $400 to $500 a month for interns at university hospitals and goes up to $700 at county and private hospitals. Interns used to get room and board and that's about all."

Peterson, who says he was "interested in anything BUT medicine at Stanford," is focusing on internal medicine as a specialty, although he spent his elective quarter studying psychiatry in London.

Before he left for England, he was volunteering his services regularly along with some of his colleagues in a skid row basement clinic for derelicts. He also worked as a volunteer in the psychiatric department at juvenile court and did counseling at the Log Cabin Ranch for Boys.

"I'm looking forward to assuming more responsibility as an intern," he says. "The more responsibility students get, the more they learn. And that painful transition between medical school and internship turns out not to be so painful."

TODAY *(continued)*

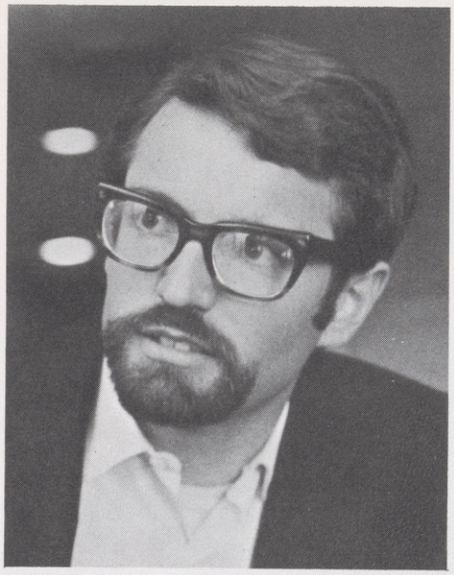
"To me, medical education continues a competitive system of education based on periodic examinations. You're spoon-fed material and you regurgitate information, and sometimes that information has no relationship to clinical experience."

This is a third-year medical student speaking out. He's Martin Lebowitz, an articulate and intense young man who is genuinely concerned about the direction of medical education today and the quality of community health services.

A transplanted New Yorker who came to California at age 14, Lebowitz attended Stanford as an undergraduate. Like fourth-year student Mike Peterson, he was more interested in an academic career than in medicine.

But a few months at a graduate school in the East convinced him he wanted to do more than "spend long hours in a library." He barreled through pre-med required courses at UCLA and then spent nine months as a counselor with a youth program in a Mexican American-Negro ghetto in East Los Angeles – all this before he entered medical school at UC.

What would he like to see instead of "spoon-feeding"? What he calls "an inter-disciplinary system" in which freshmen students are immediately involved in knowing community background and cultural factors, in learning about health services and in trying to improve the function of the health team.



Martin Lebowitz
'Spoon-fed material'

He would also like to see the freshman student come into contact with people in the community, with patients and their families.

Student Lebowitz's concern goes beyond medical education to a system of medical care that he feels "offends the dignity of the consumer."

"As an intern or resident, it appears to be impossible to function in the most meaningful aspects of relating to a patient. So we learn to play the game and take an authoritative position.

"I am constantly amazed at the simplest questions nobody has answered for patients. There's something wrong when the same questions are asked over and over."

The mass of medical information bandied about in class Lebowitz calls "overwhelming and frustrating – because you realize you can't know it all."

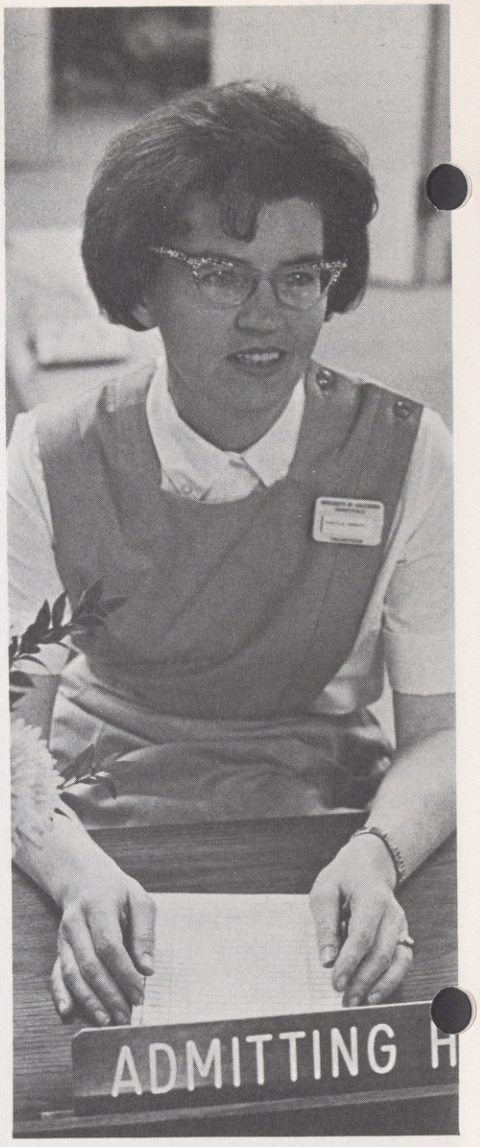
Medical education in most medical centers, he believes, isn't representative of most general types of medical problems. "I guess it's the iceberg phenomenon," he suggests.

Lebowitz is interested in social medicine, behavior problems, community health services and the way they are delivered. He doesn't believe the majority of medical students share these interests and concerns.

"Students look for specialty areas. They know they can't handle comprehensive medicine. They want a nice office and nice hours. It isn't a question of making money any more. It's a question of having more time to enjoy your personal life."

These are the members of the first graduating class of the School of Pharmacy at the Univeristy of California in the year 1875.

Volunteer Mrs. Michael Spodnik speeds patient Dorothy (Mrs. Myles) Tobin home.



Pat Spodnik has 'hello' for patients, too.

People can help tell the 'hospital story'

It takes more than words to "tell the hospital story," and less than a decade ago, the University of California Hospitals Auxiliary was organized with the accent on action.

Why? To speed the "hospital story" to the community. To recruit volunteers and provide extra service to patients, as well as to provide funds for patient comforts.

What it means is this: many infants from needy families are provided with layettes; electric page turners are available for needy rehabilitation patients; Christmas trees sparkle with decorations purchased by auxiliary funds and hung by volunteers.

Since the auxiliary was founded in 1959, volunteers have given 183,542 hours of service to the hospitals. How? By piloting the library cart to book-thirsty patients and the shop-on-wheels with its colorful stock of gifts and goodies; by writing letters and running errands for patients; by playing games with tots in pediatrics; by assisting in clerical jobs and by serving as aides and hostesses in admissions; by working in radiation therapy, radiology and outpatient clinics.

There are hundreds of volunteers — and about 350 auxiliary members — who ask no reward except the satisfaction that comes when people help people.

Besides recruiting volunteers and raising money, the auxiliary has put on the hospital circuit its newly inaugurated exhibits of paintings.

The second show, under the co-chairmanship of Mrs. Francis Sooy of the auxiliary and Eleanor Dignan of Society of Western Artists, will continue through May 23 in corridors of Moffitt and UC Hospitals and the Clinics building. Facts about buying paintings are available at hospital information desks.

A NOTE OF APPRECIATION to the board and membership of the UC Hospitals Auxiliary for providing the financial support necessary to make this special Centennial Edition something special!

TOMORROW

'People laboratory'

"This campus has the potential of becoming a great medical center.

"It can be realized by taking advantage of the knowledge of human beings – of their ailments, their behavior and the whole bit."

Malcolm S. M. Watts, M.D., special assistant to the UC Medical Center chancellor and associate dean and associate clinical professor of medicine, said this, and he adds:

"We find ourselves smack in the middle of San Francisco, a unique people laboratory with every ethnic group and sub-culture within five miles of campus. There is no better way of bringing into focus the problems of man in his urban environment."

An expert in academic planning, Dr. Watts is convinced of this in the speedy 60's: "No one man can be on top of the whole thing. The same is true of a department in a medical school."

The answer? Dr. Watts thinks it lies in long range planning. He believes that the University of California was one of the first to try it. "Out of it came Santa Cruz and Irvine, San Diego and Riverside. And through all this came the feeling that the San Francisco campus would somehow be expanded, that there was a desperate need for health science personnel."

"We need greater strength in basic disciplines, in genetics and biochemistry, in bio-physics and economics and sociology and political science," he maintains.

Why? "There is a new meaning of health. The World Health Organization tells us health is physical, mental and social well being and not merely the absence of disease."

Bringing a universal health problem down to a community laboratory level demands a new look at health education. The challenge of academic planning is progressing in many areas at the UC Medical Center.

"Primary," says Dr. Watts, "is strengthening basic sciences. The Academic Planning Committee will propose a fifth school for basic sciences, perhaps in the school of medicine.

"Next, we can develop allied health profession specialists faster than we can develop doctors. Let the doctor do what only he can do and let him supervise other people trained to be competent in their own fields."

But how to train them speedily and efficiently? Dr. Earle Marsh, consultant for the Academic Planning Council at UC Medical Center, feels the problem must be tackled outside.

This is the key to the Consortium, a new approach in this city to the idea of an "urban campus" made up of five educational institutions: University of California, University of San Francisco, City College of SF, San Francisco State College, Golden Gate College.

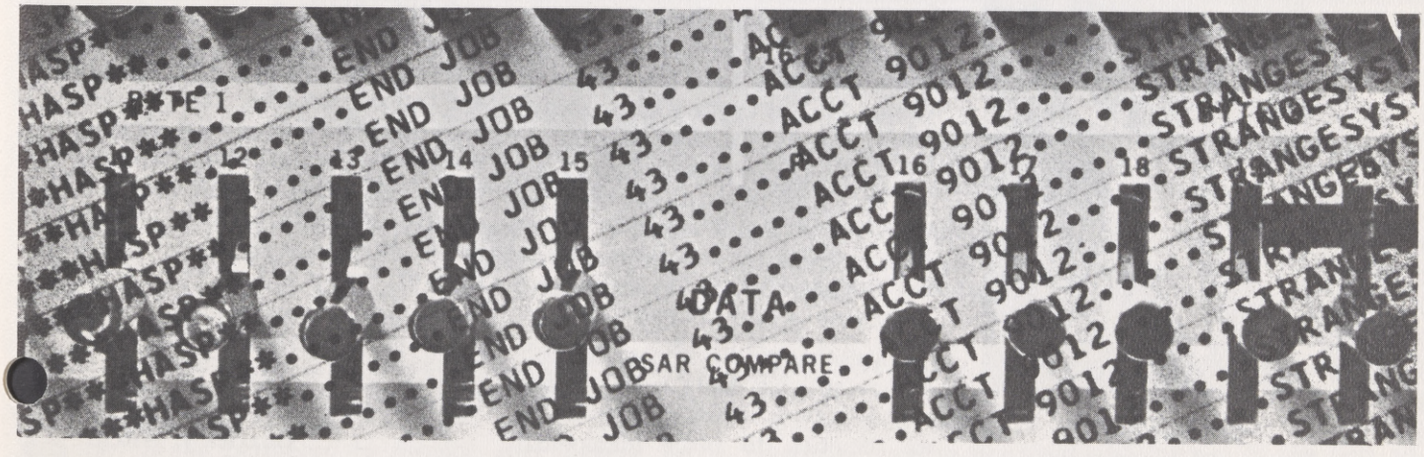
The Consortium has been incorporated and has received a grant from the San Francisco Foundation. Its first executive secretary is Rabbi Alvin Fine.

Dr. Watts, UC's representative to the Consortium, believes the organization "may be a linking mechanism for the five institutions working together to become talent searchers among disadvantaged students, to identify them, to motivate them and to ease technical barriers to their admission."

Dr. Malcolm Watts
A new meaning of health

Also ahead: emphasis on continuing education at UC Medical Center and increased co-ordination among the four schools' academic plans for nursing, pharmacy, medicine, dentistry.

"If one looks ahead and the Consortium becomes viable, one can foresee an urban multi-versity. I see no reason why we could not develop five schools – perhaps including Hastings College of Law someday – and produce the kind of linkage where each has autonomy and its own major thrust and yet gives to the other what it needs."



"In 10 years, a doctor can sit in his office, dial a center for the latest information to his problem" – Dr. Malcolm Watts. The countenance of the computer looms large in the future of educational and research techniques being considered by medicine.

A SYMPOSIUM CELEBRATES THE CENTENNIAL

"From the vantage point of a hundred years, we can look back proudly but not lingeringly. The task is to scrutinize the present so carefully that the surprises which will inevitably occur in the future will be those of Nature and not the result of our failure to meet the truth today."

With this as the keynote, the University of California San Francisco Medical Center will host an invitational symposium on Saturday, April 27, for authorities in the arts, sciences and public service, according to Seymour M. Farber, M.D., dean of educational services, director of continuing education, health sciences, and chairman, S.F. campus Centennial Committee.

Entitled "The Storage of Abilities: A Centennial Celebration," the symposium will pose the problem that complacency in 20th century United States "may follow greatness and cause no havoc."

Welcoming speakers at the all-day program will be Dr. Willard C. Fleming, chancellor of the UC Medical Center, and Charles J. Hitch, president of the University of California.

Marya Mannes
'Is man outdated?'

Dr. Fleming will also act as chairman at the 10 a.m. session on "The Dilemma of Leisure," to be held in the Medical Sciences Auditorium.

Guest participants for the morning meeting include Alvan Barach, M.D., consultant in medicine at Presbyterian Hospital in New York City, who will discuss "Man and the Biologic Avalanche," and Edward Stainbrook, M.D., professor and chairman of the department of psychiatry of the University of Southern California School of Medicine. His topic will be "Potentials of Longevity."

Luncheon chairman will be Robert Finch, California's lieutenant governor. Luncheon speaker will be poetess and author Marya Mannes of New York. She will ask "Is Man Outdated?"

Taking part in the afternoon discussion of "The Challenge of Leisure" will be Paul Sheats, professor of education at the University of California in Los Angeles, who will describe a "Love-in With Leisure," and Russell V. Lee, M.D., consultant for Palo Alto Medical Clinic. His subject will be "Curiosity: the art of Growing Old."

All participants will close the symposium with a panel analysis of "Potentials and Abilities" moderated by Marya Mannes.

A reception in Millberry Student Union Lounge will conclude the centennial celebration program.

Charles J. Hitch
The second century begins

Charter day message

This 100th Charter Day marks the completion of the University's first 100 years and the beginning of its second century.

There could be no more appropriate time to reflect on the basic purposes of higher education. Perhaps the most basic of these purposes is to make available to the student generation the accumulated knowledge of society, but a significant change which has occurred during the last century is the recognition that the learning process by which this is accomplished is an active process of acquiring scientific understanding and scholarly objectivity, and not a passive reception for storage of facts, tradition and dogma.

This change has been difficult and is still not fully accepted because there is constant pressure in all societies, to place ideological truth above objective truth and so to coerce the classroom in the name of some preconceived doctrine.

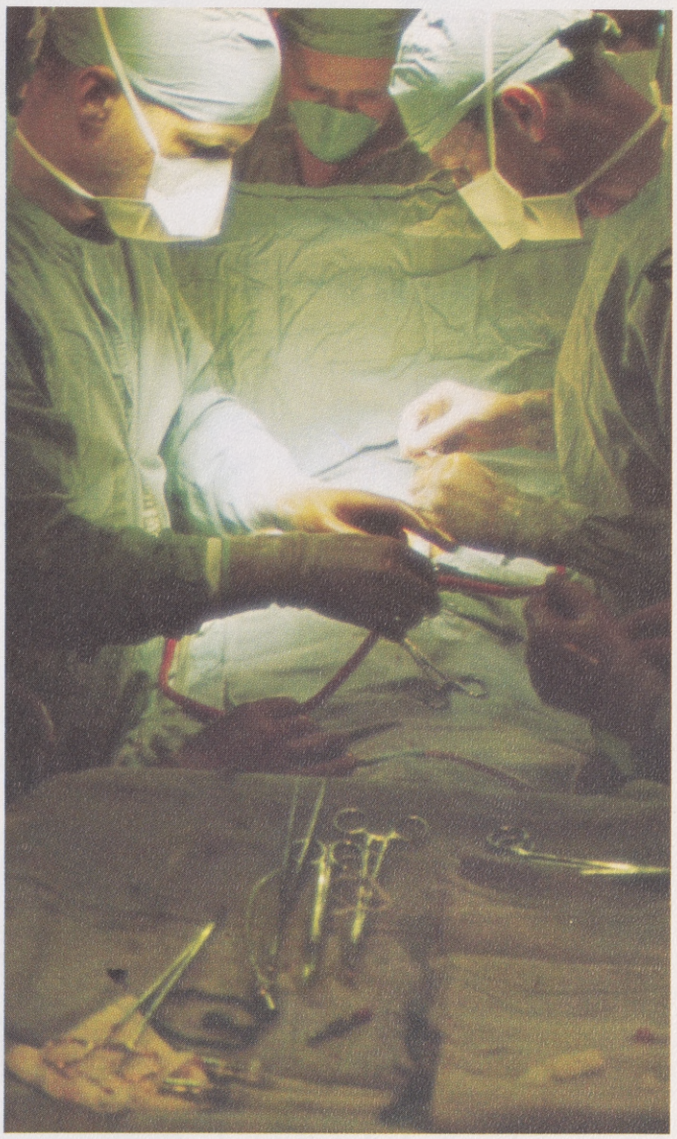
It must be understood that, however painful it may be in the short run, objective truth is to the long-term advantage of our society. Thus, the university's function—the transmission of knowledge—is profoundly utilitarian.

Societies in which universities indoctrinate rather than educate are trained societies, but not wise societies. On this ground alone, a university that does its job well can claim full support from the community, and the University of California has received strong public support during its first 100 years.

Because of the very grave and complex problems we face, that support is even more vital as the University enters its second century.

Charles J. Hitch

New horizons in hospitals of tomorrow



THE BUILDING . . .

When the master plan for building at UC Medical Center in San Francisco is complete, there will probably be two dozen structures in the sprawling complex.

On the slopes of Mt. Sutro, from Irving Street past the Parnassus "shelf," there is room to double the campus' 2 million square feet of building space. It will be needed. Student enrollment is expected to reach 5600 by 1980.

The new campus will be ordered along lines permitting instruction and research to be concentrated in a central core. Patient care and public service facilities will be on the periphery to provide easy access for patients.

AND THE BUILDERS . . .

Buildings are only the shells of a hospital. It is men and women with their hearts and skills who make a hospital what it should be: a help and a haven for the ill.

With the exploding need for trained professionals in medicine and allied fields, the UC Medical Center is forecasting its future development to enhance its education function.

For this reason, hospitals at the Medical Center will remain teaching hospitals. Their aim: to attract superior medical personnel by providing an environment in which medicine can be practiced and learned to the best advantage of physician, patient and the whole community.

New clinics, new trends

New trends in patient care and new philosophies in medical education — along with contemporary modes of architecture — make the new clinics building at UC Medical Center what it is.

"Gone are the days of long lines of patients waiting for treatment," says Dr. Robert Crede, associate dean of the School of Medicine and chairman of the Division of Ambulatory and Community Medicine.

"Mass methods of treating patients have been replaced with personalized care. Every patient is treated as an individual."

This brand of "personalized" attention requires that medical services, including laboratory and X-ray, be self-contained in the same building. They will be — in the new clinics building.

Also available in the $12 million, nine-level structure will be these specialty units: ambulatory patient treatment; dentistry; physical medicine and rehabilitation; children's eye care; services for emotionally disturbed children.

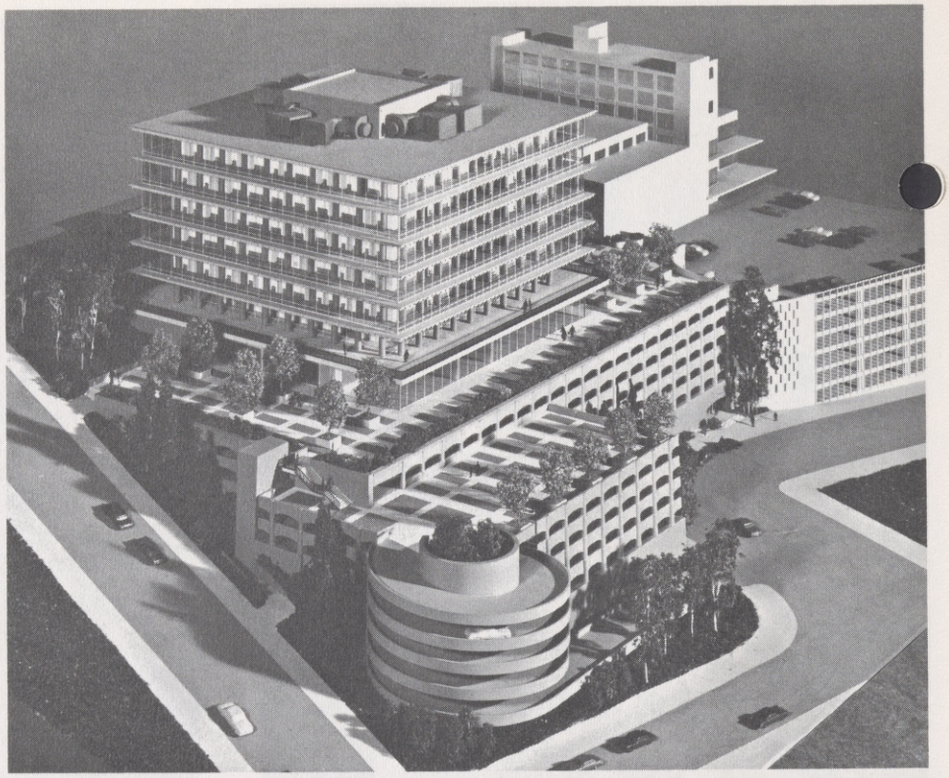
"The existing old clinics building, which opened in 1933, was designed to accommodate 65 medical students. It now must accommodate 130 medical students," Dr. Crede explains. "For the first time, there will be space for instruction of medical and post-doctoral students in the building."

Teaching trends today encourage medical and nursing students to see patients much earlier in their training experience. This means that health sciences students must become acquainted with clinical situations earlier in their classroom careers.

Educational programs at UC Medical Center in San Francisco are now underscoring inter-disciplinary teaching. The 'health team' concept encourages different disciplines to work and study together, according to Dr. Crede.

On the 'health team' are students in dentistry, nursing, pharmacy, social work and physical therapy.

"And in the new building, there will be opportunities for training in rehabilitation counseling, X-ray technology and orthoptics," the associate dean adds.



Construction of the new, nine-level clinics building on the Medical Center campus begins this summer. By 1971, the structure will accommodate 130 medical students.

With expanded facilities, the number of annual clinics outpatient visits will climb from 159,000 to about 248,000 by 1977.

Construction of the new building begins this summer. It is expected to be completed in 1971, according to the estimate of building architects Reid and Tarics of San Francisco.

The United States Public Health Service has provided $6.8 million toward the building costs. The remaining funds come from the State of California.

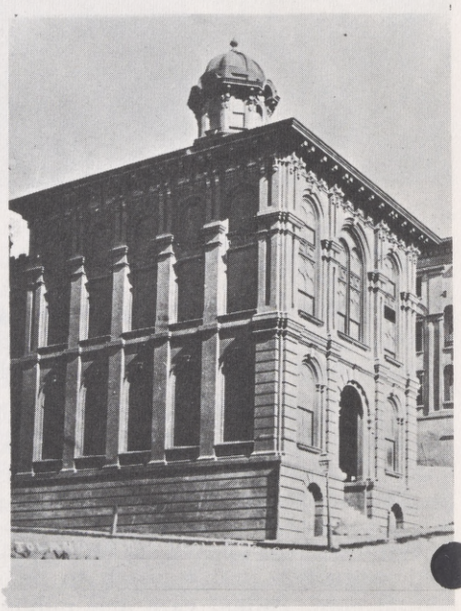
A five-level, 300,000 square foot parking garage for 720 automobiles will form the base of the new structure, which will go up on property next to Millberry Student Union on Parnassus Avenue.

About 29,000 square feet of garage space will remain incomplete pending relocation of campus maintenance shops. Building funds for the garage will come from future parking fees.

The clinics building site straddles Arguello Boulevard between Irving Street and Parnassus. This block of Arguello has been deeded to the university by the city of San Francisco.

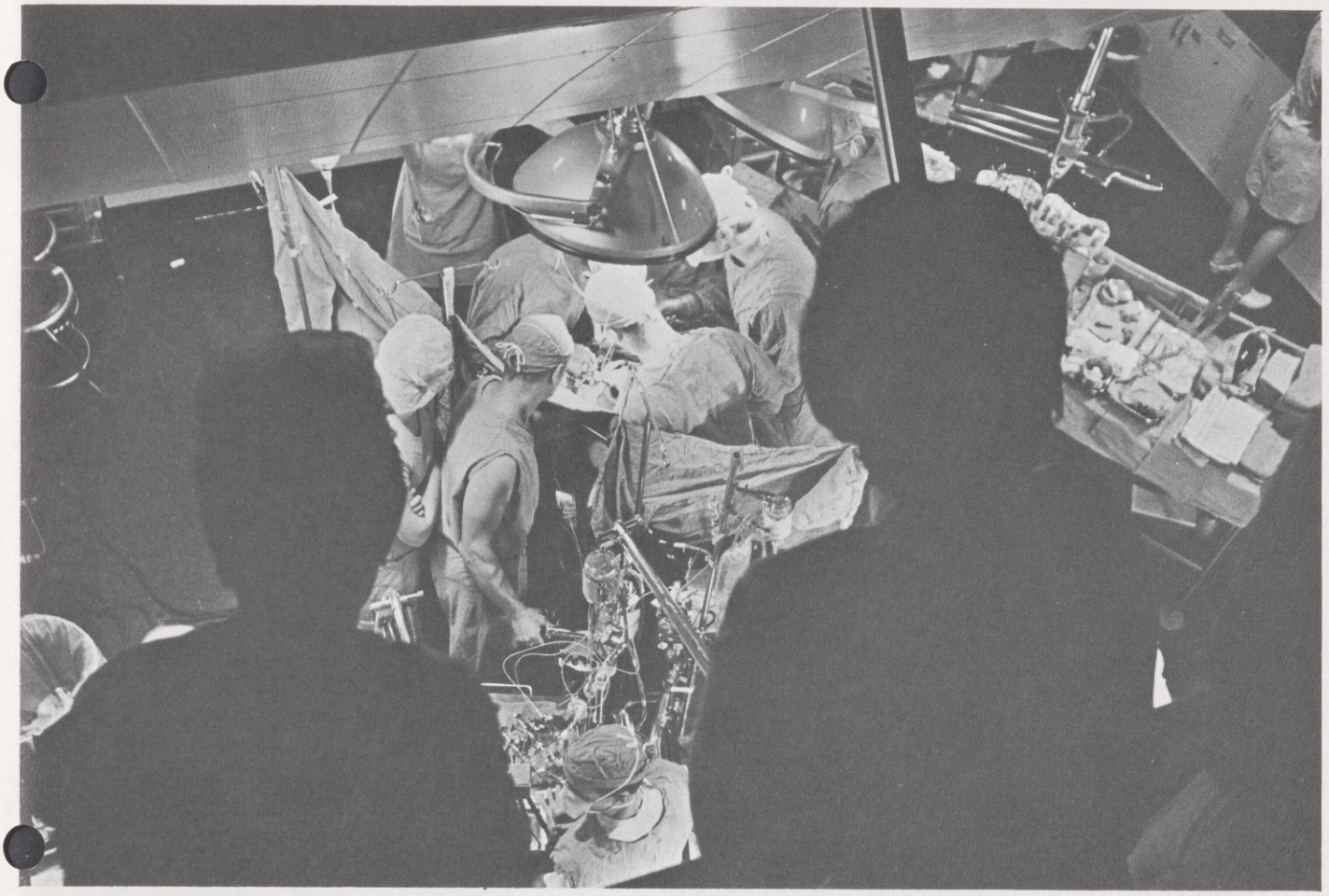
Work areas in the new building will be defined by moveable partitions to permit flexibility in future space assignments. All columns have been eliminated to make this possible.

The space in the old clinics building on the opposite side of Parnassus Avenue will be used for campus administration.

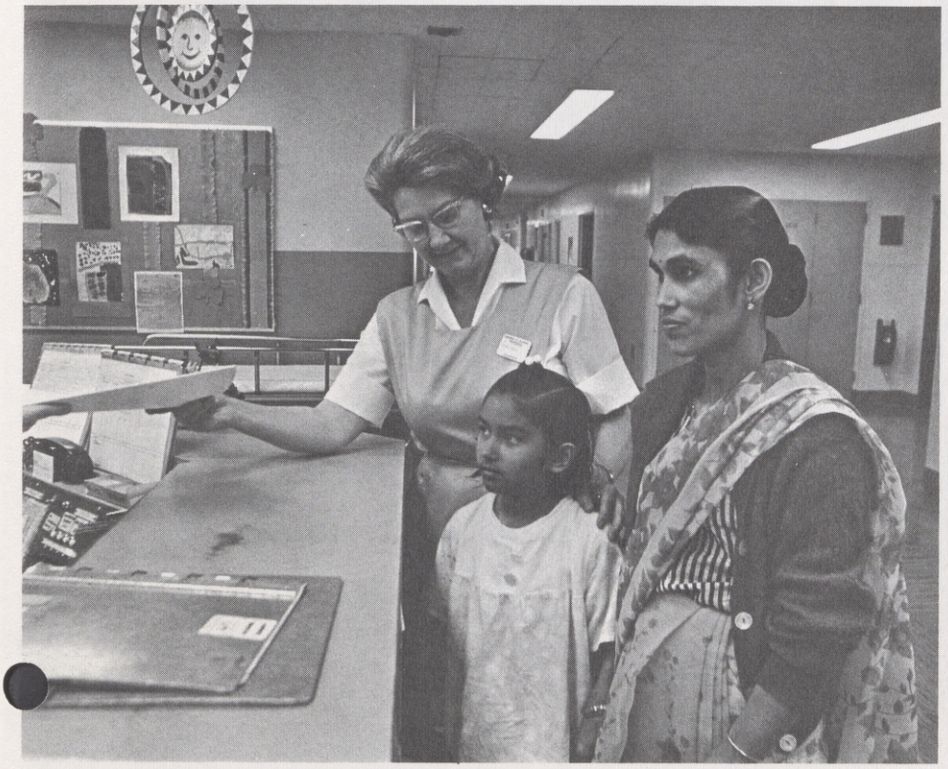


Toland Medical College
It started on Stockton Street

Here at UC people come to learn and to help



Nurses taking special training at UC Medical Center observe open heart surgery performed by Dr. Benson Roe and his associates.



Admission desk volunteer Marcia Holcomb escorts mother and child to their destination.

Some "firsts" in a century

University of California Medical Center can look back on a century of distinguished contributions to the knowledge of health sciences. A few of the best known are:

Discovery of sterilization methods on which modern canning industry is based; pioneering applications of chemicals and radioisotopes in controlling cancer; fundamental contributions to understanding and control of plague; advances in definition and measurement of heart and lung functions; use of human growth hormones to treat development disorders.

Current research focuses on two major areas – human ecology, or the examination of man and his diseases as they interact with other organisms, and molecular biology, the study of life processes below the cellular level.

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Photographer John Gorman made a lacy pattern of buildings along Parnassus Ave. when he took this picture from the hill in back.